

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND **10/518740**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$ 250
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 250

10 REASON:

<input checked="" type="checkbox"/> Overpayment
<input type="checkbox"/> Duplicate Payment
<input type="checkbox"/> No Fee Due (Explanation): _____

8 TO BE REFUNDED BY:

☒ Treasury Check

☒ Credit Deposit A/C #: 07--1180

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____ SIGNATURE: <i>P. Keenell</i>	TITLE: <i>Paralegal</i> PHONE: <i>3089140 Ext 215</i>
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OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: